

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 12/20/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 12/22/2004						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	1027	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	458	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	102	1745	1939	194
		191	102	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404902	BLUE RIDGE COMMUNITY	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404904	WESTERN HIGHLANDS LME	8599	4206	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		167	236	NO CHARGE BILLED, ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM	78	4830	11212	6382
		8000	122	NO RATE AVAILABLE ON FILE TO PROCESS THIS CLAIM DETAIL				
3404905	TREND COMMUNITY HEALTH CENTER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	8599	294	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	61	CLIENT NOT ELIGIBLE ON SERVICE DATE	60	606	6175	5568
		21	57	DUPLICATE OF CLAIM-SYSTEM				
3404912	CATAWBA COUNTY MENTAL HEALTH	11	21	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8931	12	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	21	50	336	286
		8935	5	ASTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404913	MECKLENBURG COUNTY MENTAL HEALTH	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404916	CROSSROADS BENA	8517	157	CLAIMS DENIED, SUBMITTED BEYON				
	VIORAL HEAL			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8518	31	CLAIM DENIED, SUBMITTED BEYOND	2	244	3153	2909
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8599	21	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM	8599	49	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	45	AMTNC INELIGIBLE TO RECEIVE SE	52	142	1230	1088
				RVICES IN IPRS.				
		11	31	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404918	ROCKINGHAM CO M	11	95	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	59	DETAIL NOT COVERED BY COMBINAT	45	234	1048	814
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	32	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404919	GUILFORD CO MEN	8599	200	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	33	AMTNC INELIGIBLE TO RECEIVE SE	53	283	1192	909
				RVICES IN IPRS.				
		8932	17	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404920	ALAMANCE CASHEL	8505	1508	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MHI D			NT BUDGET				
		8599	289	DETAIL NOT COVERED BY COMBINAT	2	1947	3718	1771
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	33	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404921	ORANGE PERSON C	5312	375	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
		21	201	DUPLICATE OF CLAIM-SYSTEM	18	866	4285	3416
		8599	81	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	8599	1670	DETAIL NOT COVERED BY COMBINAT				
	ER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		143	671	CLIENT ID NUMBER NOT ON STATE	11	2603	13014	10411
				ELIGIBILITY FILE				
		191	169	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404923	YGFW AREA AUTHO RITY	8599	323	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	25	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	384	1889	1475
		8518	15	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	2256	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	372	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	156	3819	18269	14450
		21	255	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	11	235	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		120	83	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	49	598	2885	2287
		8599	56	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CIMBERLAND CO M HC	8599	592	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	94	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	576	4005	3429
		27	31	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404929	LEE HARNETT MH/ DD/SAS	8599	152	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	39	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	199	306	107
		143	3	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	59	877	818
3404931	WAKE CO HUM SVC BILLING OF	23	4	SERVICE REQUIRES PRIOR APPROVA L				
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	6	8	2
3404932	RANDOLPH/SANDHI LLS CO MR C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	145	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	54	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	21	291	3526	3235
		8000	34	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404934	ONSLow COUNTY B ENAVIORAL H	8599	31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	23	DUPLICATE OF CLAIM-SYSTEM	3	79	537	458
		8621	8	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	11	DUPLICATE OF CLAIM-SYSTEM				
		8931	8	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	9	25	621	596
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404937	EDGEcombe NASH MNTL HLTH C	8505	36	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	34	DUPLICATE OF CLAIM-SYSTEM	2	113	2224	2111
		8517	22	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404938	VGFW DBA RIVERS TONE COUNSE	5404	10	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		24	4	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	2	19	465	446
		21	1	DUPLICATE OF CLAIM-SYSTEM				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	50	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	12	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	82	158	76
		8517	8	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404941	PITT CO MH/DD/S AS CENTER	11	135	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	71	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	54	359	1179	820
		120	43	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404942	ROANOKE CHOWANN	8517	420	CLAIMS DENIED, SUBMITTED BEYON				
	UMAN SERVICE			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8518	210	CLAIM DENIED, SUBMITTED BEYOND	14	741	1582	841
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		21	58	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA	11	36	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		8599	31	DETAIL NOT COVERED BY COMBINAT	3	95	123	28
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	11	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA	8000	92	NO RATE AVAILABLE ON FILE TO P				
	N SERVICES			RICE THIS CLAIM DETAIL				
		8599	46	DETAIL NOT COVERED BY COMBINAT	60	308	4359	4051
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	41	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404946	FOOTHILLS AREAM	11	511	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8000	267	NO RATE AVAILABLE ON FILE TO P	66	1359	6485	5126
				RICE THIS CLAIM DETAIL				
		21	235	DUPLICATE OF CLAIM-SYSTEM				
3404957	TIDELAND MENTAL	537	63	PROCEDURE IS NOT COVERED FOR T				
	HEALTH CTR			HIS DATE OF SERVICE				
		8000	60	NO RATE AVAILABLE ON FILE TO P	17	192	558	366
				RICE THIS CLAIM DETAIL				
		8622	28	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, FA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT							
		0	0		0	0	0	0
3404979	NEW RIVER AREAM	11	667	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		21	276	DUPLICATE OF CLAIM-SYSTEM	144	1306	5175	3869
		8599	117	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				